



RENTAL VEHICLE USE AGREEMENT

State Form 53553 (R / 5-08)

DEPARTMENT OF ADMINISTRATION
PROCUREMENT DIVISION
402 West Washington Street, Room W468
Indianapolis, Indiana 46204

INSTRUCTIONS: Form must be typed.

Name of department or agency		Division	Account number
Telephone number ()	Date vehicle to be picked up (month, day, year)		Date vehicle to be returned (month, day, year)
Name of driver		Driver's job classification	
Address (number, street, city, state and ZIP code)			
Driver's license number		Date of birth (month, day, year)	

Location official station	
Location of vehicle off duty parking lot	Distance from vehicle off duty parking to official station
Distance from home to official station	Distance from home to State Office Building
NOTE: If location of vehicle off duty parking differs from location of official station, a statement of justification is required. Use attachment.	

Lease rate from contract	Number of passengers	Type of cargo transported
Purpose of travel / Destination		

Vehicle damage (at time of issuance or turn-in) repairs required

User agency agrees to the following:	
1. Agency head or designee assumes responsibility for monitoring vehicle use by the assigned driver(s) with regard to compliance with existing state laws, rules, regulations, and guidelines.	
2. It is understood by the agency head and assigned driver(s) that this vehicle is NOT to be operated for any personal uses including, but not limited to, commuting or the transporting of other than state employees or agency clients on official business.	
3. When not in use on official business (e.g. holidays, weekends, overnight), this vehicle is to be parked adjacent to the driver's official station. Any exception to the parking stipulation must be justified by attachment (e.g. law enforcement personnel on 24-hour duty call).	
4. It is understood by the agency head or designee that if the vehicle is being used for out-of-state travel, all necessary approvals have been obtained from IDOA Travel.	
I do hereby certify that I will abide by the policies and requirements of the Indiana Department of Administration.	
Signature of driver	Date (month, day, year)
Signature of department head requesting vehicle for assignment	Date (month, day, year)
Signature of agency fiscal	Date (month, day, year)

DISTRIBUTION: Original - Agency; Copy - Leasing Company